

For assistance contact:
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CHOLINESTERASE MONITORING HANDLING HOURS REPORT

Instructions: Per RCW 49.17.285

➤ **Employers –**

- Complete the handling hours report for the employee for each periodic/follow-up test.
- Report only handling hours for organophosphate and N-methyl-carbamate pesticides with the signal word “DANGER” or “CAUTION” on the label.
- Provide this report form to your health care provider.

➤ **Health care providers –**

- Submit the completed form to the Public Health Laboratory, attached to the Lab slip for the test.
- Complete the provider information section of the form.

Today's date: _____

Handling hours report

Employee name (Last, First, MI)	Date of birth	Hrs 30 days before testing	Total hrs year to date	Test accession # Lab use only

Employee work location information

Farm or employer name		
Contact Name	Telephone number	FAX number

Provider Information

Clinic/Provider		Provider ID
Contact Name	Telephone number	FAX number